

## HOUSING REHAB WAITING LIST APPLICATION

**Personal Information:** (must be filled out by property owner)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Housing Rehab Need:

Energy Efficient Improvements:

Windows Heating System Other

Siding Insulation

Handicap Accessibility

Roof Replacement/Repair

Septic Replacement/Repair

Well Replacement/Repair

Other \_\_\_\_\_  
(please use this space to indicate your need)

**Do you meet the Low to Moderate Income (LMI) Household Qualifications of Mansfield set by The Department of Housing and Urban Development (HUD)?**

Yes \_\_\_\_ No \_\_\_\_

Single	\$44,800	5 Persons	\$69,100
2 Persons	\$51,200	6 Persons	\$74,250
3 Persons	\$59,600	7 Persons	\$79,350
4 Persons	\$64,000	8 or more	\$84,500

Please attach a photo copy of your latest tax return to verify that you meet the LMI qualification. This information is confidential and will not be shared with anyone outside this office. In the event this office processes your application for rehab monies on your behalf, the

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

tax information will then be forwarded to the Grant Administrator, at which time you will be notified.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_